

Executive Summary

Background

HF 841, Section 14 Directives

Description of RFI Process and Responses

Analysis and Recommendation

EXECUTIVE SUMMARY

Section 14 of HF 841 directs the department of human services (DHS), in collaboration with the department of elder affairs (DEA), to determine whether “case management for the frail elderly should continue to be provided through a sole sources contract or if a request for proposals process should be initiated to provide the service.”

To determine the potential level of interest in providing case management services for Medicaid elderly waiver recipients, the department of human services issued a Request For Information (RFI) in December, 2005. Responses to the RFI indicated that in addition to area agencies on aging there were other entities preliminarily interested in delivering case management to elderly waiver clients, specifically the Iowa Foundation for Medical Care and three counties currently providing targeted case management.

Concurrent with activities in response to Section 14 of HF 841, the department of human services in collaboration with the department of elder affairs proceeded with the submission of an application to the Centers for Medicare and Medicaid Services (CMS) to add case management as a service under the elderly waiver. CMS responded to the application by advising DHS that Medicaid recipients must have a choice of case management providers and that the definition of a qualified provider must be expanded beyond exclusively area agencies on aging. In other words, case management services for Medicaid recipients under the elderly waiver cannot be restricted by either sole source or RFP.

Accordingly, the recommendation of the department of human services and the department of elder affairs is to expand the definition of “qualified case management entity” to encompass all qualified entities who meet provider standards. This will insure that Iowa is in compliance with CMS requirements for Medicaid reimbursement.

HF 841, SECTION 14 DIRECTIVES

Section 14 of HF 841 relates to case management for the frail elderly. In item #1 of this section, the department of human services is directed to “submit an amendment to the home and community-based services waiver for the elderly to the centers for Medicare and Medicaid services of the United States department of health and human services to provide for the inclusion of case management as a medical assistance covered service. The department of human services shall develop the amendment in collaboration with the department of elder affairs.” In November, 2005, DHS submitted the waiver amendment to CMS to request case management be added to the elderly waiver program in order to receive the federal match for this service.

Item #4 of Section 14 directs the department of human services, in collaboration with the department of elder affairs, to submit a recommendation to the General Assembly as to whether “case management for the frail elderly should continue to be provided through a sole sources contract or if a request for proposals process should be initiated to provide the service.”

DESCRIPTION OF RFI PROCESS AND RESPONSES

On December 2, 2005, the department of human services issued a Request For Information to ascertain what organizations might be interested in providing case management services to Medicaid elderly waiver recipients. Responses to RFI MED 05-026 were due by December 28, 2005 at 4:30 pm.

Twenty-one (21) responses were received. Nineteen were received timely; two were received after the due date.

The nineteen timely responses include:

Area Agencies on Aging

1. Northland Area Agency on Aging
2. Elderbridge Area Agency on Aging
3. Northwest Aging Association
4. Siouxland Area Agency on Aging
5. Hawkeye Valley Area Agency on Aging
6. Scenic Valley Area Agency on Aging
7. Generations Area Agency on Aging
8. Heritage Area Agency on Aging
9. Southwest 8 Senior Services
10. Area XIV Area Agency on Aging
11. Seneca Area Agency on Aging
12. Southeast Iowa Area Agency on Aging

Medicaid Targeted Case Managers

- 13. Chickasaw and Mitchell County Targeted Case Management
- 14. Clinton County Targeted Case Management
- 15. Decatur County Targeted Case Management
- 16. Mahaska County Targeted Case Management
- 17. Muscatine County Community Services Targeted Case Management

Other Interested Organizations

- 18. Iowa Foundation for Medical Care
- 19. Aging Services, Inc.

The responses received after the due date of December 28, 2005 were:

- 1. Senior Resources
- 2. Area Resources of Central Iowa (AAA)

The RFI asked nine questions regarding the provision of case management for elderly served in the Home and Community Based Services programs. The following is a summary of responses by question:

Question #1:

“Please describe your organization structure and the services your organization currently provides.”

Area Agency on Aging Responses:	
<ul style="list-style-type: none"> • 11 AAAs state they are an Iowa not for profit organization as recognized under IRS 501(c)(3) regulations • 1 AAA is a department of a community college. 	
The agencies may or may not provide the following direct and or contractual services:	
* Case Management for Frail Elderly (both Medicaid and non-Medicaid individuals)	* Material Aide (one time assistance based on individual needs)
* Congregate and home delivered meals.	* Information and Assistance Services
* Nutrition Services (counseling)	* Emergency Response Systems
* Transportation	* Family Caregiver Assistance
* Homemaker	* Medication Management
* Personal Care	* Senior Center Recreation
* Adult Day Care	* Employment Services
* Chore Services	* Home Repair
* Legal Assistance	* Advocacy
* Respite	* Outreach
* Senior Health Screening	* Reassurance
* Elderly Abuse Awareness and	

Prevention	
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Medicaid Targeted Case Managers Responses:	
<ul style="list-style-type: none"> • 5 County Government Agencies governed by the County Board of Supervisors • 5 are accredited for Medicaid Targeted Case Management through the MH/DD/MR/BI Commission. 	
The organizations may or may not provide the following direct and or contractual services:	
* Targeted Case Management services for individuals with Mental Retardation	* Targeted Case Management services for individuals with Chronic Mental Illness/Mental Health
* Targeted Case Management services for individuals with Brain Injury	* Targeted Case Management services for individuals with Developmental Disabilities
* Targeted Case Management for children at 0-17	

Other Interested Party Response:	
<ul style="list-style-type: none"> • <u>Iowa Foundation for Medical Care</u> is a 501c(6) corporation, incorporated in the State of Iowa as a non-profit organization. IFMC is the federally designated Medicare Quality Improvement Organization (QIO) for Iowa and Illinois. 	
IFMC provides the following services:	
* Quality Improvement Projects	* EMCOMPASS
* Utilization Review Programs	* Hospital Utilization Review
* Health Care Provider Education	* Information Systems
* Medicare and Medicaid Consumer Education	* Medicaid Management and Pharmacy Services
* Case Management Activities	

Other Interested Party Response:	
<ul style="list-style-type: none"> • <u>Aging Services Inc.</u> is a 501c non-profit organization. 	
Aging Services Inc. provides the following services:	
* Case Management	* Education and Outreach
* Home Maintenance/Repair	* Adult Day Health Services
* In-Home Respite	* Transportation
* Low Vision Services	* Volunteer Services
* Legal Case Management	* Dependent Adult Abuse Initiative
* Home Safety Checks	* Mental Health Outreach

Question #2:

“Does your organization provide case management services in Iowa, to what population, locations in Iowa, number of years you have provided this service and what are the qualifications of your case managers?”

Area Agency on Aging Responses:				
1 agency	since 1988	7 counties	Elderly	Meets requirements of CMPFE
1 agency	since 1984	20 counties	Elderly	Meets requirements of CMPFE
1 agency	since 1994	4 counties	Elderly	Meets requirements of CMPFE
1 agency	since 1991	10 counties	Elderly	Meets requirements of CMPFE
1 agency	over ten years	5 counties	Elderly	Meets requirements of CMPFE
1 agency	since 1989	10 counties	Elderly	Meets requirements of Senior Living Coordinating Unit
1 agency	approx. 15 yrs	3 counties	Elderly	Meets requirements of CMPFE
1 agency	since 1994	8 counties	Elderly	Meets requirements of policy of IDEA
1 agency	since 1981	7 counties	Elderly	Meet requirements of CMPFE
1 agency	over 15 years	3 counties	Elderly	Meets requirements of CMPFE
1 agency	over 15 years	5 counties	Elderly	Meets requirements of CMPFE

Medicaid Targeted Case Managers Responses:				
1 TCM	since 1999	2 counties	MR/DD/CMI/BI	Accredited with DHS under Chapter 24
1-TCM	since 1992	1 county	MR/DD/CMI/BI	Accredited with DHS under Chapter 24
1-TCM	over 11 years	2 counties	Adults and Children MH/DD	Accredited with DHS under Chapter 24
1-TCM	since 1998	1 county	MR/DD/BI	Accredited with DHS under Chapter 24
1-TCM			MR/DD/CMI/BI	Accredited with DHS under Chapter 24

Other Interested Parties Responses:
Aging Services, Inc., 1 county, serves older Iowans, meets requirements of CMPFE.
Iowa Foundation for Medical Care-ARO (2 years), Lock-in (15 years), Primary Care

Case Management (1 year), Disease Management (2 years), serves adults and children, all staff providing case management are registered nurses.

Question #3:

“Does your organization provide case management services to the elderly?”

Area on Aging Responses:

11 AAA's - Yes

Medicaid Targeted Case Managers Responses:

4 TCM - Yes

1 TCM - No

Other Interested Parties Responses:

Aging Services, Inc. - Yes

IFMC - Yes

Question #4:

“What is your quality assurance process and what performance measures do you use to determine requirements are met including Medicaid documentation requirements?”

Area Agency on Aging Responses:

Internal Quality Assurance - 11 AAAs

External Quality Assurance - 6 AAAs

Financial Audit - 1 AAA

QA activities included review of case files, interviews with consumers, timely processing, and random surveys.

Medicaid Targeted Case Manager (TCM) Responses:

Internal Quality Assurance - 5 TCMs

External Quality Assurance - 4 TCMs

QA activities include surveys by DHS staff on Chapter 24 requirements, case file reviews, contract with the Iowa Association of Counties for technical assistance/training, and consumer surveys.

Other Interested Parties Responses:

Internal Quality Assurance - Aging Services, Inc., IFMC

External Quality Assurance - IFMC

Aging Services, Inc. - Quality process that assures specific assurance requirements between agency and AAA.

IFMC activities include case file review, performance measures (IFMC), comparison of performance to contract requirements and customer expectations, quarterly measurement conducted for each performance measure and trends evaluated, internal corrective action for any measure below expectations for two consecutive quarters.

Question #5:

“How do you assure that there is no conflict of interest from provider to the consumer?”

Area Agency On Aging Responses:	
10 agencies	Multidisciplinary team process
5 agencies	Consumer has choice within program
4 agencies	Lists service providers to give client choice
2 agencies	Interviews consumer to see if they had choice
2 agencies	Train on conflict of interest and provider choice
2 agencies	written procedure(s) as required by CMPFE Assurances
1 agency	Quality Assurance process
1 agency	Survey to consumer to ask if they have been given a choice of providers

Medicaid Targeted Case Managers Responses:	
1 TCM	Policy and Procedure Manual
1 TCM	Individual Comprehensive plan developed by an interdisciplinary team
1 TCM	Appeal Procedures
1 TCM	No direct service offered through TCM so there is no conflict of interest
1 TCM	Offers provider list to consumer and encourages consumers to interview possible providers
1 TCM	Advocates the needs of the consumer to be met by the provider and ongoing monitoring including face to face meetings.

Other Interested Parties Responses:
Agging Services, Inc - Conflict of Interest policy and procedure designed. Grievance procedure, offer choice and do not provide any direct service.
IFMC - No affiliation with providers. Neutral and objective in the work performed. Orientation and staff training, policy and procedure manual which includes that they are prohibited in performing work or consulting with the provider in which the employee has any operational responsibility; IFMC Board members are prohibited from having any financial interest in any Iowa health care provider, system or payer; not allowed to contract with providers for services that are duplicative or in conflict with the service provided under contract; IFMC will not

accept donations or financial contributions from any organization or health care provider which IFMC has oversight or review responsibility.

Question #6:

“What elements of the current case management program for the elderly waiver system are important to preserve? What should be changed?”

Area Agency on Aging Responses:

- Preserve the current system (11 AAAs)
- Retain multidisciplinary staffing (1 AAA)
- Allow Social Workers to complete assessments and care plans (1 AAA)

Changes Suggested by AAAs:

- * Improvements to Seamless - interface with ISIS (8 AAAs)
- * Improvements to Individualized Services Information System - interface with Seamless (5 AAAs)
- * Support assessment and initial care plan to be completed in the home at the same time (4 AAAs)
- * Change monthly funding cap on the elderly waiver (2 AAA)
- * Discontinue large multi organizational interdisciplinary meetings (2 AAA)
- * Reduction in caseload in order to meet client needs (2 AAA)
- * Expedite elderly waiver referrals (1 AAA)
- * Allow Title XIX application and IA Oasis to be submitted before staffing (1 AAA)
- * Change Medicaid funding for case management (1 AAA)

Medicaid Targeted Case Managers Responses:

- Preserve current TCM services (2 TCMs)
- Do not presently provide Case Management under the Elderly waiver (1 TCM)
- Recommend linkages and understanding of services in the community. (1 TCM)
- Preserve a strong philosophy that all people should be allowed to live and work as independently as possible. (1 TCM)

Change Suggested by TCM

- * Large elderly population and a general lack of services except for nursing facility services (1 TCM)

Other Interested Parties Responses:

- Aging Services Inc. - Preserve the current case management system.

- IFMC - Preserve a single point of entry and change assessment responsibility by an organization that does not provide direct care or services to the Medicaid members.

Question #7:

“If your organization does not currently provide such services would you be interested to develop the capacity in order to respond to an RFP should one be initiated?”

Area On Aging Responses:

12 AAA responded “N/A”

Medicaid Targeted Case Managers Responses:

3 TCM - Yes

1 TCM - Not interested

1 TCM - Not interested in providing direct services in the home but would be interested in being a broker for home and vehicle modifications

Other Interested Parties Responses:

Aging Services Inc.- Responded “N/A”

IMFC - Interested in expanding

Question #8:

“How would you or do you assure your policy and procedures for this service are consistent throughout the state?”

Area on Aging Responses:

- Would adhere to policies and procedures developed by the Iowa Department of Elder Affairs. (8 AAAs)
- Ongoing Training (3 AAAs)
- Ongoing Oversight/Audits (3 AAA)
- Would adhere to policies and procedures developed by the Department of Human Services and Department of Elder Affairs (2 AAA)
- Assure policies and procedures are consistent with the 9 counties with the Frail Elderly manual. (1 AAA)
- Statewide operational manual (1 AAA)
- Agreement signed by the AAA governing board (1 AAA)

Medicaid Targeted Case Managers Responses:

- Work with MH/DD Commission (3 TCMs)
- Work with Iowa State Association of Counties for Technical Assistance (1 TCM)
- Would need to review current policies and procedures to be compliant with the Elderly HCBS waiver (1 TCM)

- DHS reviews policies and procedures as part of the review process (1 TCM)
- Update policies and procedures to reflect ongoing changes (1 TCM)
- Policies and procedures in IAC Chapter 24 and 90. This is consistent throughout the state. (1 TCM)

Other Interested Parties Responses:

- Aging Services, Inc.-Consistent by using IAC Chapter 21.
- IFMC-Centralized direction and management, common procedures, standardized training, ongoing education, management oversight and internal quality control.

Question #9:

“Is there anything else you think the Department should consider in this process?”

Area Agency on Aging Responses:

- The CMPFE program needs to be maintained instead of designing a new system. (10 AAAs)
- If it comes to this, the Department should consider whether eliminating the single source provider of AAA’s would actually improve services. (1 AAA)

Medicaid Targeted Case Managers Responses:

- Nothing (2 TCMs)
- Continued training to provide a quality service (2 TCMs)
- DHS should review how the Elderly HCBS waiver is being provided and compare it to other waiver services, which are rendered outside of case management. (1 TCM)
- Medicaid favors unbiased case management where there is little to no concern regarding conflict of interest. The way the program is set up currently the concern for conflict is very real. (1 TCM)

Other Interested Parties Responses:

- Aging Services, Inc. - Continue the valuable service. Collaborative effort with DHS and DEA.
- IFMC - Consider amending the contract of the current IME vendor to include case management activities for the frail elderly population.

ANALYSIS AND RECOMMENDATION

Responses to the RFI indicated that in addition to area agencies on aging there are other entities preliminarily interested in delivering case management to elderly waiver clients, specifically the Iowa Foundation for Medical Care and three counties currently providing targeted case management. Based on the

written submissions, all responding providers would appear to have the organizational capacity to be a case management provider under Medicaid.

An additional consideration is that CMS has responded to the elderly waiver application submitted in November by advising DHS that Medicaid recipients must have a choice of case management providers and that the definition of a qualified provider must be expanded beyond exclusively area agencies on aging. In order to receive federal Medicaid dollars, case management for Medicaid recipients as an elderly waiver service cannot be restricted to a single entity by either sole source or RFP.

Accordingly, the recommendation of the department of human services and the department of elder affairs is to expand the definition of “qualified case management entity” to encompass all qualified entities who meet provider standards. This will insure that Iowa is in compliance with CMS requirements for Medicaid reimbursement while recognizing the strengths of the existing case management service delivery structure.

The Department of Human Services has submitted a revised Application to add Case Management to the Elderly Waiver. The new application will expand and include other “qualified case management entities” in addition to the Area Agency on Aging. This will also assure CMS that consumers are given freedom of choice of a provider.